

- (☐) OMSL-TP -Inexperienced Permit
 (☐) OMSL-2 -Miner Certification
 (☐) OMSL-3 -MSHA Experienced Miner
 (Out-of-State Transfer)

COMMONWEALTH OF KENTUCKY
Office of Mine Safety and Licensing

APPLICATION FOR MINER CERTIFICATION

PLEASE USE INK ONLY TO FILL OUT

☐ UNDERGROUND ☐ SURFACE

For District Office Use Only:
 Temporary Permit No.:

Miner ID No.:

For Frankfort Office Use Only:

Class No.:

To be completed at District Office

Breath alcohol screening test results Date ☐ negative ☐ positive ☐ Identification verified through photo ID

Date ☐ negative ☐ positive ☐ Identification verified through photo ID

If positive, results of a confirmation breath alcohol test must be recorded on a form BATF-1 and attached.

| | | | | | | | | | | | | | | | | |
|---------------------------------------|----|----------------|---------------|----------|-------------------------------|----|----|---------------------------------|----|--------------------------|----------|--------------------------|-------|--------|----------------|--------------------------|
| First Name | | Middle Initial | Last Name | | SOCIAL SECURITY NUMBER | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Address | | | Telephone No. | | Date of Birth | | | MALE <input type="checkbox"/> | | | | | | | | |
| | | | () | | / / | | | FEMALE <input type="checkbox"/> | | | | | | | | |
| City | | | State | Zip Code | County | | | | | | | | | | | |
| CIRCLE HIGHEST GRADE COMPLETED | | | | | | | | | | MINING EXPERIENCE | | MINING DEGREE | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | HIGH SCHOOL | YES | <input type="checkbox"/> | YEARS | MONTHS | 2-YR TECH | <input type="checkbox"/> |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | DIPLOMA (OR GED) | NO | <input type="checkbox"/> | | | 4-YR BACHELORS | <input type="checkbox"/> |
| NAME OF TRAINING AGENCY | | | | | | | | | | INSTRUCTORS NAME | | | | | | |
| | | | | | | | | | | | | | | | | |
| ADDRESS OF TRAINING AGENCY | | | | | | | | | | PHONE NUMBER | | | | | | |
| | | | | | | | | | | () | | | | | | |
| Mine Licensee Name | | | | | | | | | | Licensee Telephone No. | | | | | | |
| | | | | | | | | | | () | | | | | | |
| Address | | | | | | | | | | Mine Name and/or Number | | | | | | |
| City | | | | | | | | | | State | Zip Code | State File No. | | | | |

(☐) **OMSL-TP – I hereby certify that the person identified above has completed an approved **40-hour/24-hour** inexperienced miner class which began on / / and ended on / /

(☐) OMSL-2 – I hereby certify that the miner identified above has 45 or more working days and has received 8 hours of mine specific training. (Attach 5000-23) (List mining experience below.)

(☐) *OMSL-3 – I hereby certify that the miner identified above has at least 45 days mining experience. (List mining experience below.)

Mining Experience: from / / to / /

List below jobs performed related to the mining cycle during the 45 or more working days:

***Applicant must provide proof of 16-hour annual retraining of which at least 8 hours of training must be administered by a Kentucky approved instructor, as set out on a Form 5000-23.**

***Surface applicant must provide proof of 8-hour annual retraining as set out on a Form 5000-23.**

 Signature of Applicant

 Signature of Certifying Company Official

 #
 Signature of Certified Mine Foreman (if applicable).

 Signature of Kentucky Certified Instructor

 Instructor's Kentucky Certification No.

****The instructor is required to emboss this document with his/her Kentucky Certified Instructor seal.**

EG-47 (Rev. 07/06)

This form may be reproduced but CANNOT BE ALTERED.

| FOR DISTRICT OFFICE USE | |
|--------------------------------|--|
| DISTRICT | DATE SENT TO FRANKFORT / / |
| REVIEWED | INITIALS |
| | DATE OF TRAINING OR CERTIFICATION / / |